
 <b>TENNESSEE</b> <small>DEPARTMENT OF</small> <b>HEALTH</b>	<b>Tennessee Department of Health</b> <b>Division of Laboratory Services</b> <b>Influenza and Respiratory Viral</b> <b>Panel Submission Requisition</b>	<b>Place State Lab Accession</b> <b>Label Here</b> (TDH use only)
*Indicates Required Fields		
<b>SPECIMEN COLLECTION INFORMATION</b>		
*Last Name:	*First Name:	MI:
*DOB:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)		Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic
Address:		
City:	*County of Residence:	State:      Zip Code:
*Date of Collection:	*Specimen Type:	*Specimen Source:
<b>SUBMITTER INFORMATION</b>		
*Submitting Facility:		Medical Record Number:
*Address:		
*City:	*State:	Zip Code:
*Phone Number:	Fax Number:	
<input type="checkbox"/> <b>Sentinel Provider Network</b> CDC Provider ID Code _____	<input type="checkbox"/> <b>EIP Influenza Hospitals</b> (Selected facilities in Davidson and surrounding counties)	<input type="checkbox"/> <b>Medical Examiner Office</b> For prior approval contact: Virology Dept. @ 615-262-6350
<input type="checkbox"/> <b>Suspected Novel Influenza</b> Examples include suspected H3N2v or H7N9. Specimen must have an answer of "yes" to one of the Novel Influenza epidemiologic questions. Call 615-741-7247 for medical consultation and testing approval if all answers are "no".		
<b>MEDICAL HISTORY*</b>		
Date of Symptom Onset: __/__/__		Have the patient's symptoms resolved? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk.
Signs and Symptoms: (check all that apply)		
<input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Fever > 37.8°C(100°F) <input type="checkbox"/> Febrile but no measured temp <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting		
Was the patient hospitalized for this illness?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk.
If yes, was the patient admitted to the intensive care unit?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk.
Did patient die from this illness?		<input type="checkbox"/> No <input type="checkbox"/> Yes (Date: __/__/__) <input type="checkbox"/> Unk.
Is the patient pregnant?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk.
Did this patient receive seasonal flu vaccine since August of the previous year?		<input type="checkbox"/> No <input type="checkbox"/> Yes (Date: __/__/__) <input type="checkbox"/> Unk.
<b>NOVEL INFLUENZA EPIDEMIOLOGY (REQUIRED ONLY FOR SUSPECTED NOVEL INFLUENZA). MUST ANSWER "YES" TO AT LEAST ONE.</b>		
1. Patient attended an agricultural fair (e.g., county fair) in the 7 days prior to becoming ill: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk. If yes, name of fair _____ or <input type="checkbox"/> Unk.		
2. Direct or indirect contact with pigs (at fair or elsewhere) in 7 days before becoming ill: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk.		
3. Direct or indirect contact with poultry or birds in the 7 days before becoming ill: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk.		
4. Patient was a close contact to a known or suspected case of H3N2v or H7N9 influenza: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk.		
5. Patient traveled within 10 days of onset to an area reporting human H7N9 cases or where H7N9 is circulating in animals: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unk.		
During illness, was patient associated with any of the following (check all that apply)		
<input type="checkbox"/> Childcare/daycare Facility <input type="checkbox"/> Long-term Care Facility <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Hospital <input type="checkbox"/> School - Please provide name: _____		
<b>ADDITIONAL INFORMATION</b>		
<b>LABORATORY SUBMISSIONS</b>		
Do <b>not</b> submit swabs that have been used for rapid testing.		
Nashville Laboratory: 630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery) OR P.O.Box 305130, Nashville, TN 37230 (USPS)		

		Tennessee Department of Health Division of Laboratory Services Influenza and Respiratory Viral Panel Submission Requisition		Place State Lab Accession Label Here (TDH use only)	
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Every blank or section on the form denoted with an asterisk ( \* ) is a required field and must have complete information entered for the specimen to be processed.

➤ All mandatory asterisks are shown on the form as.....\*

**Submitter Information (★):** Fill in the organization/clinic/institution's name, address, etc. – not clinicians' names.

### Specimen Comments

- Preferred specimen is a nasopharyngeal (NP) swab
- If this specimen cannot be obtained, a nasal swab is acceptable.
- For intubated patients, endotracheal aspirates should be collected.
- Bronchoalveolar lavage (BAL) and sputum specimens are also acceptable.

### Swab and Media Considerations

- Specimens must be collected using swabs with a synthetic tip (e.g., polyester or Dacron®)
- Acceptable swabs have an aluminum or plastic shaft.
- Swab specimen collection vials are to contain 1-3 ml of viral transport media (VTM) containing protein stabilizer and antibiotics to discourage bacterial and fungal growth and to buffer solution.

### Storage and Shipping Specifics

- Respiratory specimens should be kept at 2-8°C and shipped on cold packs. Send FedEx overnight or via same day courier.
- Testing is to begin no longer than 3 days after collection, untested specimens older than 1 week should be discarded.
- Alternatively, specimens can be frozen at ≤-70°C and shipped on dry ice.

### Infection Control

- Health care personnel who collect respiratory specimens from ill persons should follow standard contact and droplet precautions, as recommended for patient care.